

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

IND

DEP

1

1

2

2

3

1

4

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6

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50

TOTAL IND.

1

TOTAL DEP.

4

TOTAL CLAIMS

5

4

5

TOTAL IND.

1

TOTAL DEP.

4

TOTAL CLAIMS

5

4

5